

City of Rockville
Department of Community Planning and Development Services
Inspection Services Division
240-314-8240 / 240-314-8265 (Fax)
www.rockvillemd.gov/isd

Fence Permit Application

Property Address					
Contractors Name					
Address		MHIC License #			
Property Owner		Home Phone			
Owner's Address (if differen	t)				
Please check one:					
Subdivision: King Fa	irm	Rose Hill	Fallsgrove	Other	
Plot Plan REQUIRED for ALL	LOTS: Corr	ner lot	yes no		
Planning authorization	on	(planners initia	ls)		
King Farm Architect a	authorization	letter provided _			
Set back from property line	Front	ft	Rear	ft	
	Right Side	ft	Left Side	ft	
Type of Fence	Front		Rear		
Height	Front (48 inch max)		_ Rear (8 ft ma	Rear (8 ft max)	
Estimated Cost of Constructi	on	\$	_		
Applicant's Signature					